

United States Senate

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Statement of Senator Max Baucus CARES Commission Recommendations September 23, 2003

I appreciate the opportunity to address the recommendations made by the Capital Asset Realignment for Enhanced Services Commission (CARES).

It is vital that we protect the structure and future of the VA Montana Healthcare system and the quality of service for our Montana veterans. The war on terrorism and operations in Iraq serve as a daily reminder of the solemn commitment of our service men and women. We bear the responsibility of ensuring our nation's veterans have adequate access to quality health care. As the Commission looks at restructuring the VA's health care services, I would insist that improving access for veterans in rural areas is kept a priority.

Montana is a frontier state with one of the highest per capita populations of veterans in the United States. Many veterans currently live hundreds of miles from the hospital at Fort Harrison and long distances from our VA outpatient clinics. I would like to see the Department of Veterans Affairs live up to the CARES stated commitment that "70% of veterans in highly rural areas should be within 60 minutes of VA provided outpatient primary care clinics and that 65% of veterans should be within 120 minutes of VA provided inpatient hospital." Adhering to this objective would go a long way towards guaranteeing most veterans reasonable access to care.

Because Montana falls short of both of these standards, especially the standard for hospital access, it is imperative that steps are taken to improve the availability of services in several regions of the state. Given our great distances, the VA must do their best to replace the VA presence by expanding services through contracts with local providers. Though Fort Harrison provides quality care to many veterans in western and central Montana, distance and weather too often makes travel to our lone VA hospital unworkable for many veterans on the eastern end of the state.

VA Montana Healthcare's successful arrangement to contract with local mental health centers for outpatient mental health services is a practical solution that works in this state. Allowing veterans to seek long-term and emergency mental health care in their own communities is a sound and beneficial healthcare model.

Again, I appreciate the opportunity share some of my thoughts on the CARES study. The Commission, the Department and Congress must focus our resources to provide the best care for our veterans.

Thank you.



CONRAD BURNS
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October 3, 2003

CARES Commission
810 Vermont Ave. NW
Washington, DC 20420

Dear Chairman Alvarez and Commission Members:

It has been brought to my attention through the Capitol Asset Realignment for Enhanced Services proposed plan that many of the issues affecting Montana's veterans have not been addressed. I would like to bring some of these very important topics to your attention.

As you have learned, Montana encompasses a very large area, fourth in the nation, while our population ranks 44th. Our population as determined, by census data, is 905,382. Approximately 107,092 of those are veterans (as taken from the CARES data). Of our approximately 108,000 veterans, 30,559 are enrolled in the VA Healthcare System. This is 29% and ties for sixth in the nation for the largest percentage of enrollees. Obviously, there is a need in our state for accessible health care for our veterans.

In studying the CARES draft plan, I have found the CARES process does not account for the vast distances that may be traveled, or address the travel issue at all. In describing the transportation system in Montana, the CARES plan references the three interstate road systems that bisect the state of Montana as adequate for some areas. The availability of VA healthcare in our rural areas is less than adequate. Many of those folks live hundreds of miles from our interstate system. I believe the latter is imperative to understanding the difficulties that face many veterans, specifically those in VISN 19. This would directly impact some of the more rural areas in our state.

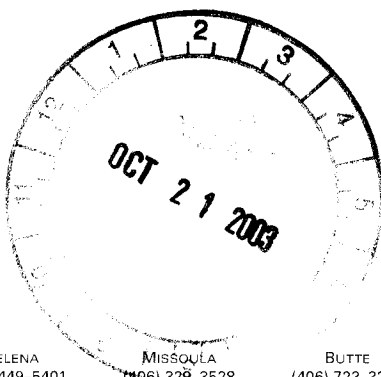
Another concern is the population requirement of 7000 as the concentration level for any additional Community Based Outpatient Clinics (CBOCs). At the present time, only three communities in Montana currently qualify under this standard. Moreover, there are areas and communities in Montana that will never meet the population directive, yet many are located over 200 miles from the nearest facility.

When I was first elected to Congress, Fort Harrison and Miles City were the only healthcare facilities for veterans in the state of Montana. Today, we not only have the hospital located at Fort Harrison, but we also have nine CBOCs located throughout the state. Our contracted mental health services have increased access and improved the overall quality of health care for our veterans. I believe that we must continue to provide for those who have kept us free. Thank you for your consideration on this very important matter.

Sincerely,



Conrad Burns
United States Senator



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September 11, 2003

Mr. Richard E. Larson
Executive Director
CARES Commission

Dear Mr. Larson:

Thank you for the opportunity to address the CARES review of the national plan to improve healthcare services for Montana's veterans. With approx. 107,000 veterans, Montana is second in the nation with its per capita veteran population; and with the state's enormous size and rural orientation, medical service availability is of significant interest to both the Montana Legislature and me.

The VA Montana Healthcare System CARES (VISN 19) "preferred alternative" proposals are, overall, very positive for Montana's veterans. Listed are those proposals I wholeheartedly support.

- The acute and specialty care medical services provided at the Fort Harrison VA hospital are absolutely critical to Montana's veterans - I must note that it is the only VA hospital in Montana. The proposal to convert existing space, construct additional space, and lease additional space at the hospital facility for more comprehensive outpatient care is very positive, as is the intent to invest in more outpatient specialty care services at the Missoula and Billings community-based outpatient clinics.
- The proposed establishment of two additional community-based outpatient clinics in Lewistown and Cut Bank will remedy medical access issues in two large geographic areas.
- The VA's program of contracting qualified outpatient mental health services to communities, statewide, has been very successful. The proposal to continue that program is good for Montana veterans.

I am very concerned, however, that the two proposed community-based outpatient clinics (CBOC) in Lewistown and Cut Bank have been delegated to "priority 2" in the national VA CARES plan. The 48 CBOCs listed in priority 1 are planned to open during the next 7 years. Realistically, the priority 2 CBOCs will never be funded and that is very detrimental to Montana's veteran services. The fact that no CBOCs in VISN 19 are listed as priority 1 speaks very negatively as to the national VA's commitment to serving veterans living in rural states.

The one "preferred alternative" proposal which I request further consideration and study relates to accomplishing veterans' access to acute hospital care, in accordance with "travel guideline" criteria. The standard of 65% of veterans being within 120 minutes of acute medical care is not currently met in Montana (46%), and never will be according to the projected statistics. Given the immense size of this state, that is no surprise. The preferred alternative is to essentially keep the status quo, with the 46% moving towards 65% in subsequent decades. I cannot support this proposal. Further, with the ever-increasing population movement in Montana to Billings and the Kalispell region, I question the demographic study that calculates that more veterans will be within 120 minutes of Fort Harrison in 2012 and 2022. This state is over 147,000 square miles in size, and so our veterans are spread out all over.

I support the listed alternative that would award community contracts to hospitals in Billings and Kalispell. This approach would satisfy the travel guideline criteria, but more importantly, provide vital access to acute medical services access to Montana's largest veteran population concentration (Billings) and Montana's fastest growing region (Kalispell). The distances a veteran must travel to attain acute medical services at Fort Harrison can be as far as 230 miles from the west and 500 miles from the east. Given the veterans' typical age, and physical and mental conditions, this kind of distance is truly unacceptable - and dangerous. With acute care services in Billings and Kalispell, the eastern and western regions of the state (respectively) would be well served and be immensely beneficial to Montana veterans.

I understand that awarding community contracts to hospitals in Billings and Kalispell is more expensive than maintaining the status quo, and to this end, the VA Montana Healthcare System would need additional funding. I further understand that, relatively speaking, Montana doesn't have a large veteran population compared to most other states; and this is considered when the VA is investing into a state's healthcare services. However, it is indisputable that we are a very large state with an unacceptably high percentage of our veterans outside reasonable access to acute medical services. The hospitals in Billings and Kalispell are first-rate, and any assessment by your agency would yield very impressive conclusions. I would greatly appreciate your positive consideration to fund the community contracts to fulfill our promises to our veterans for health care.

In conclusion, I want you to know how proud and appreciative I am of the VA Montana Healthcare System. Fort Harrison has distinguished itself as a national leader among VA hospitals in both its quality and cost-effectiveness. It has received full accreditation at each three-year survey cycle, and received a score of 94 on its 2001 accreditation assessment. Further, it routinely is in the top five, nationally, in its cost-effectiveness. This speaks well of the staff and administration, and I congratulate Mr. Joe Underkofler - the director - for service and leadership.

Again, thank you for the opportunity to provide my input to the CARES review and proposed improvements to Montana veteran services.

Sincerely,

/s/

JUDY MARTZ
Governor